



# State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/22/2015

Business ID: 121470

William M. Gardner

Secretary of State

WILLIAMS & HUSSEY MACHINE CO., INC.

70 POWERS ST  
MILFORD, NH 03055

## ADDRESS OF PRINCIPAL OFFICE:

70 POWERS ST  
MILFORD, NH 03055

## REGISTERED AGENT AND OFFICE:

CARTER, STEPHEN V  
70 POWERS STREET  
MILFORD, NH 03055

ENTITY TYPE: CORPORATION

BUSINESS ID: 121470

STATE OF DOMICILE: NEW HAMPSHIRE

TO EQUIP, MAINTAIN AND OPERATE A GENERAL MACHINE SHOP

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address \_\_\_\_\_  
☐ The new principal office address \_\_\_\_\_

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Stephen Carter  
STREET 3 Hersey St  
CITY/STATE/ZIP Bedford Nh 03110  
SEC'Y. Stephen Carter  
STREET 3 Hersey St  
CITY/STATE/ZIP Bedford Nh 03110

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Stephen Carter  
STREET 3 Hersey St  
CITY/STATE/ZIP Bedford Nh 03110

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Stephen Carter

Please print name and title of signer: Stephen Carter / PRESIDENT  
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



012147020151004

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301